

Reporting Year 2004



GEORGIA UNCLAIMED PROPERTY **REPORT INSTRUCTIONS AND FORMS** **FOR** **INSURANCE COMPANIES**

INSTRUCTIONS FOR FORM UP-1I

The form UP-1I must accompany all holder reports

HOLDER INFORMATION:

Please type or print your report

ITEM 1- Enter your federal employer identification number.

ITEM 2- Enter your business name and mailing address.

ITEM 3- If this report is being prepared by an agent on behalf of the business, enter the agent's name and address.

ITEM 4- Enter the name of the person completing the form.

ITEM 5- Enter the telephone number for the person completing the form.

ITEM 6- Enter the electronic mail address for the person completing the form.

ITEM 7- Enter the date your business was incorporated or registered.

ITEM 8- Enter the state where your business is registered or incorporated.

ITEM 9- Describe your primary business activity (i.e. banking, manufacturing, insurance).

ITEM 10- Enter the total number of employees for your business.

ITEM 11- Enter your annual sales volume or amount of policies written as reflected on your most recent tax return.

ITEM 12- Enter the amount of policies written to Georgia citizens during the last fiscal year.

ITEM 13- Enter your company's total assets as reflected on your most recent year end balance sheet.

REPORT INFORMATION:

ITEM 14A- Enter the total number of accounts \$50.00 or more on your owner report (Form UP-2I).

ITEM 14B- Enter the total dollar value of accounts \$50.00 or more listed on your owner report (Form UP-2I).

ITEM 14C- Enter the total number of accounts less than \$ 50.00, excluding dividends. Accounts less than \$50.00, excluding dividends, may be reported in a lump sum.

ITEM 14D- Enter the total value of accounts less than \$50 (Form UP-2I).

ITEM 14E- Enter total of Item 14b and 14d.

ITEM 14F- Enter total number of shares of stock or mutual fund shares.

NOTE: Zero balance/negative balance reports are required (use form UP-1N).

VERIFICATION:

The report must be signed by a CFO, partner or company officer.

IF LESS THAN 25 PROPERTIES, GO TO OWNER REPORT FORM (UP-2I) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 14E. IF REPORTING 25 PROPERTIES OR MORE, CREATE A NAUPA FORMATTED CD WITH AN ELECTRONIC FILE.



INSURANCE COMPANY HOLDER REPORT FORM 2004

This form must accompany all holder reports

ARE YOU A 1ST TIME FILER? Y [] N [] DID YOU ATTACH A CD? Y [] N []

ELECTRONIC FILERS: Submit a UP-1 for each business included on the CD. ZERO BALANCE REPORTS REQUIRED

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)		
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE ()		6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
INTANGIBLE PROPERTY - (Outstanding Checks) 14a. Total accounts \$50.00 or more _____ 14b. Dollar Value \$ _____ 14c. Total accounts less than \$50.00 _____ 14d. Dollar Value \$ _____ 14e. Report Total \$ _____ OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds) 14f. Number of shares of stock or mutual fund shares _____				
VERIFICATION STATEMENT				
I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Responsible Officer </div> <div style="width: 45%;"> _____ Printed or Typed Name Responsible Officer </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Title of Responsible Officer/Agent </div> <div style="width: 45%;"> _____ Date </div> </div>				
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.

INSTRUCTIONS FOR FORM UP-2I

Twenty-five (25) properties or more must be reported on a NAUPA formatted CD in lieu of form UP-2I

Form UP-2I provides detailed information about the unclaimed accounts. This information is used to verify rightful ownership of person(s) attempting to claim the account.

Please type or print your report.

Enter your business name and federal employer identification number on each page of your owner report.

List owners alphabetically by last name.

List safe deposit boxes at the end of the report.

You may list one entry for accounts less than \$50.00. (EXAMPLE: 100 accounts \$40.00 or less totaling \$4,000.00)

ITEM 1- Refer to the "Property Code" listing on page 4. Enter the property code which identifies the property reported.

ITEM 2- Enter the identifying number assigned to the property by your business (i.e. account number, check number, policy number, safe deposit box number, etc.).

ITEM 3- Enter the owner's name as listed on your business's records. If the account has more than one owner, specify whether the joint owner is a custodian, guardian, trustee or beneficiary.

ITEM 4 - Refer to the "Relationship Type Code" listing on page 5. Enter the relation code which properly identifies the owner relationship.

ITEM 5- Enter the social security number or tax identification number of the account owner as reflected on your business's records.

ITEM 6- Enter the date of last transaction or the date of last contact with the owner.

ITEM 7- Enter the account balance prior to any authorized deductions, even if the lawful deductions will result in a zero balance.

ITEM 8- Authorized service charges can be deducted by financial institutions only.

ITEM 9- Enter the account balance remitted after deductions.

ITEM 10- Enter the total of the accounts detailed on the page.

Attach the owner report form (UP-2I) to the holder report form (UP-1I).

Return both forms addressed to:

Georgia Department of Revenue
Unclaimed Property Program

PAGE _____ OF _____

[illegible]

IF THIS IS THE LAST PAGE, ENTER GRAND TOTAL

INSTRUCTIONS FOR SECURITIES DTC TRANSFER CONFIRMATION FORM UP-3S

Please type or print your report!

This report must accompany your “UP-11 – Holder Report Summary Form” and holder report. File a separate UP-3S for each stock issue.

ITEM 1 - Enter your HOLDER-ID number as supplied by Georgia Unclaimed Property.

ITEM 2 - Enter the date that the report was prepared.

ITEM 3 - Enter the full stock issue name as shown by issuing authority.

ITEM 4 - Enter the CUSIP number for each issue.

ITEM 5 - Enter the total number of shares transferred to Georgia Unclaimed Property Custodian – Merrill Lynch.

ITEM 6 - Enter date that the DTC transfer occurred.

ITEM 7 - Enter grand total of Item 5.

The report must be certified as accurate, as indicated by the signature of an officer of the institution.

Forward to:

**Georgia Department of Revenue
Unclaimed Property Program
4245 International Parkway, Suite A
Hapeville, GA 30354-3904**



SECURITIES DTC TRANSFER CONFIRMATION FORM UP-3S

This form must accompany all holder reports

Page _____ of _____

HOLDER NAME	ADDRESS	
		FEIN

GA HOLDER ID # (1)	HOLDER REPORT DATE (2)
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This form is used to notify the Georgia Unclaimed Property Program that all securities reported as unclaimed property have been transferred to the state's custodian, Merrill Lynch. New state reporting requirements mandate the transfer of all eligible shares using DTC. Specific instructions for completing this form and transferring the shares can be found in the accompanying "Instructions for Completion of Form UP-3S."

STOCK ISSUE NAME (3)	CUSIP # (4)	TOTAL SHARES TRANSFERRED (5)	DTC TRANSFER DATE (6)

I, the undersigned, certify that the securities listed above have been successfully transferred via DTC to Merrill Lynch, custodian for The State of Georgia on the date(s) indicated.

Signed _____

Title _____

Date _____